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APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVEN	TOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/905,258	09/905,258 07/12/2001			Sarat C. Sankara			60025-0012			
TITLE OF INVENTION: APPROACH FOR MANAGING FORECAST DATA										
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APPLN. TYPE			JE FEE DUE	PUBLICATION FEE D	DUE PREV			TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES		\$755	\$0	1	\$0		\$755	· 02/24/2009	
EXAMINER		ART UNIT		CLASS-SUBCLASS	SS					
MEINECKE DIAZ, SUSANNA M			3692	···						
<ol> <li>Change of correspondence address or indication of "Fee Address" (3° CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customo Number is required.</li> </ol>				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Lawson Software, Inc. St. Paul, Minnesota										
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government										
1a. The following fec(s) are   Issue Fee   Publication Fee (No:   Advance Order - # o	)	<ul> <li>4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)</li> <li>         ☐ A check is enclosed.     </li> <li>         ☐ Payment by credit card. Form PTO-2038 is attached.     </li> <li>         ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).</li> </ul>								
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Typed or printed name _						egistration No				
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.										

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